

# WHAT'S HAPPENING WEDNESDAY

## Kansas Immunization Program

Sept. 19, 2018

### VFC Consultant On-Call

The Consultant for Sept. 17-21, is Becky Prall at [becky.prall@ks.gov](mailto:becky.prall@ks.gov) or, call 785-296-5592. The Consultant for Sept. 24-28, is Jackie Strecker at [Jackie.strecker@ks.gov](mailto:Jackie.strecker@ks.gov), or by call 785-296-5592.



## CHIEF CHAT

We received the following information from the Centers for Disease Control and Prevention (CDC) this week with a request to pass it on to providers.

There are currently ordering limits and intermittent shipping delays for GlaxoSmithKline's Shingrix vaccine (Recombinant Zoster vaccine) due to high demand. Until demand can be met, it is particularly important that vaccine providers educate patients about the importance of completing the series. In addition, CDC reminds health care professionals of proven strategies to help patients receive all their needed vaccinations on time, including Shingrix:

- Implement a vaccine reminder and recall system using phone, e-mail, or text messages to contact patients when you have Shingrix supply. Give first consideration to patients due for their second dose of Shingrix (<https://www.thecommunityguide.org/findings/vaccination-programs-client-reminder-and-recall-systems>).
- If you are out of Shingrix and a patient needs a second dose, refer the patient to another provider in the community (e.g., a

pharmacy) that has Shingrix so the patient can complete the series. Vaccine finder can help identify other immunization providers (<https://vaccinefinder.org>).

- Be sure to enter your patients' current vaccination information into KS-WebIZ. This will ensure that every provider can access your patients' immunization record.
- As supply becomes less constrained, be sure to notify eligible patients so they can come in to get their first dose of Shingrix.

Timely series completion is key to the success of any vaccination program and critical to ensuring patients receive the full benefit of their vaccinations.

The Kansas Immunization Program continues to monitor this supply issue and will work to keep you up to date as the matter resolves.

As always, thank you for all that you do to vaccinate Kansans to prevent diseases. Have a great week!



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Thanks to all of you who LIKE our page, we are over 600 "Likes." We appreciate all of your support and hard work vaccinating Kansans from vaccine preventable diseases! We can be found by clicking on the Facebook logo or link below. Please make sure and share our posts and like our page while you are there.

<https://www.facebook.com/ImmunizeKS/>



# KS-WebIZ

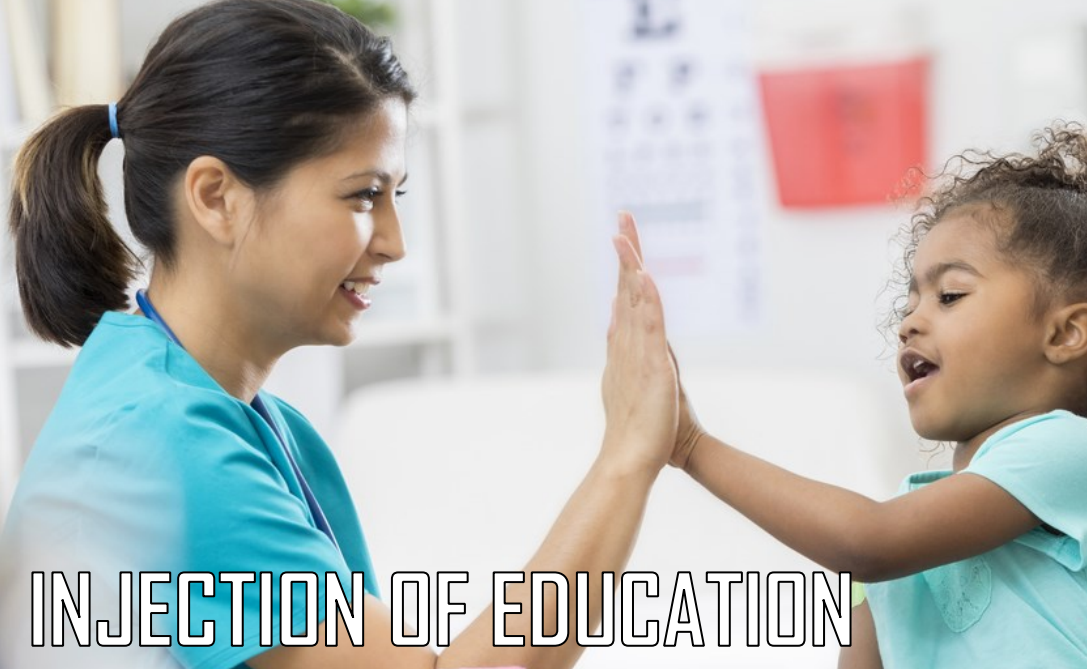
## VFC Change of Information

The Vaccines For Children (VFC) program guidance from the CDC requires the Kansas Immunization Program (KIP) be notified immediately of any change in contact information. We use KS-WebIZ as the central point for this notification through the VFC change of information form. Please see the KS-WebIZ reports tab for step by step instructions.

The VFC change of information form can only be submitted by a current VFC contact. If both the primary and backup contacts are no longer

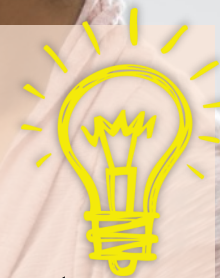
employed by the provider, please notify the KSWebIZ helpdesk at 877-296-0464, or email at [kdhe.immunizationregistry@ks.gov](mailto:kdhe.immunizationregistry@ks.gov) for further instructions. Only one request can be submitted at a time. If you have submitted the form for approval and wish to make changes, the KSWebIZ helpdesk will need to be contacted to reject the current form to allow a new form to be submitted.

Vaccine Information Statement Current Publication Date			
Anthrax	3/21/18	Tdap	2/24/15
Chickenpox	2/12/18	MMRV	2/12/18
<b>DTaP/DT/DTP</b>	<b>8/24/18</b>	Multi-vaccine	11/05/15
Hepatitis A	7/20/16	PCV 13	11/05/15
Hepatitis B	7/20/16	PPSV	4/24/15
Hib	4/2/15	Polio	7/20/16
HPV	12/2/16	Rabies	10/6/09
Influenza (LAIV4)	8/07/15	Rotavirus	2/23/18
Influenza (IIV3 or IIV4)	8/07/15	Shingles	2/12/18
Japan. enceph.	1/24/14	Smallpox	10/01/09
<b>MenACWY</b>	<b>8/24/18</b>	Td	4/11/17
MenB	8/09/16	Typhoid	5/29/12
MMR	2/12/18	Yellow fever	3/30/11



## INJECTION OF EDUCATION

## Shot of Prevention Article - Special Guest Post



As flu vaccines become available and flu shot season begins, we are reminded of the many different brands of flu vaccines and the different age indications for each brand. As new staff members enter their first flu vaccine season, different flu brands or vaccine presentations can be very confusing and can lead to vaccine administration errors. Anyone who has participated in previous flu seasons understands how hectic flu clinics can be. Take a few minutes prior to scheduled flu shot clinics to provide flu vaccine education to vaccinating staff. For new staff, make sure they understand what flu vaccine presentations are available at the clinic and the age indication for each vaccine. For seasoned vaccinating staff, a brief review never hurts.

The CDC has some basket labels that can be attached to vaccine baskets or placed near stored flu vaccines for staff to use as a reference to ensure the appropriate vaccine is being selected. <https://www.cdc.gov/vaccines/hcp/admin/storage/guide/vaccine-storage-labels-flu.pdf>

Remember to check, double check, and triple check your vaccine prior to administration to prevent errors. No one wants to have to contact a patient to report a vaccine error, and patients can lose confidence in vaccinating staff and the clinic where the vaccine is received. You can prevent vaccine administration errors by providing education to staff members prior to flu shot clinics and during hectic flu shot clinics, by taking that extra minute to recheck that the correct vaccine is being administered.

[Shot of Prevention](#) is an online blog that has been popular among leading Immunization champions, clinicians and advocates for several years. According to their website, "The purpose of Shot of Prevention is to facilitate an ongoing dialogue about vaccine issues. We encourage your comments; your ideas and perspectives are important to ensuring an engaging and informative conversation on this important subject matter."

A post this week comes from Lynn Bozof, who until her recent death, was the president of the non-profit [National Meningitis Association](#).

We encourage you to read this very informative post titled [Meningococcal Disease: How to Be Sure Your Teens Are Fully Protected](#). Bozof not only shares her personal story of the loss of her teenage son, but offers powerful information about protecting against this vaccine preventable disease.

We also encourage you to sign up while on the site to have notifications of new posts sent to your email to keep you informed.





# VAX FACTS

## Natural Infection Verses Immunization

It is true that natural infection almost always causes better immunity than vaccines. Whereas immunity from disease often follows a single natural infection, immunity from vaccines usually occurs only after several doses. However, the difference between vaccination and natural infection is the price paid for immunity.

The price paid for immunity after natural infection might be pneumonia from chickenpox, mental retardation from *Haemophilus influenzae* type b (Hib), pneumonia from pneumococcus, birth defects from rubella, liver cancer from hepatitis B virus, or death from measles.

Immunization with vaccines, like natural infections, induces long-lived immunity, but unlike natural infection, does not extract such a high price for immunity.

If you could see the world from the perspective of your immune system, you would realize that where the virus or bacteria comes from is irrelevant. Your immune system "sees" something that is foreign, attacks it, disables it and then adds it to the memory bank so it can react more quickly the next time it encounters it.

The differences between a vaccine and getting the disease naturally are the dose and the known time of exposure.

**Dose** - When someone is exposed to viruses or bacteria

naturally, the dose is often larger, so the immune response that develops will typically be greater (as will the symptoms). However, when scientists are designing vaccines, they determine the smallest amount of virus or bacteria needed to generate a protective immunologic response.

**Time of exposure** – Most of the time, we do not know when we are exposed to viruses and bacteria; however, when we take our children to the doctor's office for a vaccine, we do know. In essence, we are controlling their exposure to the viruses or bacteria that the vaccines protect against, because we know when and where they occur. In contrast, and more typical of the norm, we don't know what viruses or bacteria they might be exposed to from the door knob to the office, the books in the waiting room, or the toddler at the restaurant we go to after the office visit.

Of interest, a few vaccines induce a better immune response than natural infection:

- Human papillomavirus (HPV) vaccine
- Tetanus vaccine
- *Haemophilus influenzae* type b (Hib) vaccine
- Pneumococcal vaccine

So, in summary, a vaccine affords us protection with lesser quantities of virus or bacteria and the control of scheduling the exposure.

[Information from Children's Hospital of Philadelphia](#)

## Vaccine Redistribution

Please email any additions or changes to be made on the Vaccine Redistribution lists with subject matter "Redistribution" to [kdhe.vaccine@ks.gov](mailto:kdhe.vaccine@ks.gov) or call toll free at 1-877-296-0464 [Vaccine Redistribution information and lists](#).

**REMINDERS:** Providers may place the excess doses on the KIP Redistribution list if:

1. The vaccine has a minimum of 90 days and a maximum of 365 days before the vaccine's expiration date.
  2. The ordering provider is responsible for any doses which expire on the redistribution list that have not been accepted for transfer to another VFC provider.
  3. Providers accepting vaccine from the redistribution list are responsible for using the doses once they are transferred. KIP encourages providers to accept only doses they can administer before the expiration date.
  4. The transferring and receiving provider will document these doses on their monthly reconciliation reports as transferred vaccines.
  5. Once vaccine is transferred please contact KIP to let us know so we can adjust the redistribution list by either deleting the line or by reducing the amount of doses.
  6. All vaccines must be in full boxes.
  7. The KIP Regional Immunization Consultant who is on call must be contacted prior to transferring vaccine.
  8. Providers are responsible for keeping KIP notified if there is a change in amount of doses available for redistribution.
  9. When placing an order, you may be contacted if the vaccine you are trying to order is on the redistribution list.
  10. Varicella and Proquad will not be posted on the VFC or Private Vaccine Redistribution List. Frozen Varivax vaccines are very intolerant to out of range temperatures. To prevent potential vaccine waste the KIP requests that Varivax containing vaccines not be transferred to other providers.
- For questions regarding transporting vaccine call 877-296-0464 to request assistance.